

| CLAIMS ONLY | | | | | | SERIAL NO. | | FILING DATE | | | | | | | |
|--|----------|------|------------------------|------|------------------------|--------------|--------------|-------------|------|------|------|------|------|---|--|
| | | | | | | APPLICANT(S) | | | | | | | | | |
| CLAIMS | | | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | | | | |
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| TOTAL IND. | ✓ | | ↓ | | ↓ | | TOTAL IND. | ↓ | | ↓ | | ↓ | | ↓ | |
| TOTAL DEP. | 5 | | ↓ | | ↓ | | TOTAL DEP. | ↓ | | ↓ | | ↓ | | ↓ | |
| TOTAL CLAIMS | 45 | | ↓ | | ↓ | | TOTAL CLAIMS | ↓ | | ↓ | | ↓ | | ↓ | |
| 12 * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS | | | | | | | | | | | | | | | |